



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code01190119NAIC Company Code95885Employer's ID Number61-1013183
(Current)(Prior)

Organized under the Laws ofKentucky, State of Domicile or Port of EntryKY

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/23/1982Commenced Business09/23/1983

Statutory Home Office500 West Main StreetLouisville, KY, US 40202
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office500 West Main StreetLouisville, KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville, KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 West Main StreetLouisville, KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactStephen Jackson502-580-2715
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardChief Financial OfficerBrian Andrew Kane

Associate VP, Asst Gen Counsel & Corporate SecretaryJoseph Matthew Ruschell #SVP, Chief ActuaryVanessa Marie Olson

OTHER

Alan James Bailey, VP & Treasurer	John Edward Barger III, SVP, Medicaid President	Andrew Joseph Besendorf III #, Appointed Actuary
Charles Wilbur Dow Jr., Regional President	Courtney Danielle Durall #, Sr Legal Professional & Asst Corp Sec	Douglas Allen Edwards, Vice President
Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT	Christopher Howal Hunter, Segment President, Group Business	Steven Edward McCulley, SVP, Medicare
Sean Joseph O'Reilly, SVP, Enterprise Compliance & Chief Compliance Officer	Bruno Roger Piquin, Regional President	William Mark Preston, VP, Investments
Richard Donald Remmers, SVP, Employer Group Sales	George Renaudin II, SVP, Medicare East & Provider	Donald Hank Robinson, SVP, Tax
Gilbert Alan Stewart, SVP, Medicare Divisional Leader	Daniel Andrew Tufto, SVP, Medicare Divisional Leader	Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader
Timothy Alan Wheatley, Segment President, Retail	Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane	Timothy Alan Wheatley
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State ofKentuckySS:

County ofJefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard President & CEO	Joseph Matthew Ruschell # Corporate Secretary	Alan James Bailey VP & Treasurer
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Subscribed and sworn to before me this24thday ofFebruary, 2020

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2021

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	6,640	6,643	2,066	263,524	263,524	15,349
Group Subscribers:						
ACCENT PLUMBING INC.	18,430	0	0	0	0	18,430
ACMT INC	11,911	0	0	0	0	11,911
AREA I INC	12,169	0	0	0	0	12,169
AUTOBODY UNLTD	18,756	0	0	0	0	18,756
BLITZ MANUFACTURING OF IN	14,218	0	0	0	0	14,218
CATALYST RESOURCES LLC	26,361	0	0	0	0	26,361
CHILD DEV CTR COLO SPRGS	11,760	0	0	0	0	11,760
CITY OF CYNTHIANA- FIRE	18,183	0	0	0	0	18,183
CITY OF CYNTHIANA- POLICE	11,341	0	0	0	0	11,341
CREATIVE ALLIANCE	96,837	0	0	0	0	96,837
CRYSTAL CAPITAL PARTNERS	13,507	0	0	0	0	13,507
DREISBACH WHOLESALE FLORI	36,232	0	0	0	0	36,232
DUNN HOSPITALITY GROUP	42,091	0	0	0	0	42,091
EDGEWATER CONSULTING GROU	10,670	0	0	0	0	10,670
EDOMINATE INC	0	0	0	10,225	10,225	0
ELEMENTAL PROCESSING	20,282	0	0	0	0	20,282
EMBER ENERGY LLC	36,605	0	0	0	0	36,605
FAIRDALE FIRE DEPARTMENT	18,642	0	0	0	0	18,642
FRANKLIN PRECISION INDUSTRY INC	269,025	0	0	0	0	269,025
GDS LOGISTICS	82,403	4,843	0	0	0	87,246
HARVEST EXPRESS INC	13,808	0	0	0	0	13,808
HGS USA LLC	37,925	0	0	0	0	37,925
HILL TRANSPORTATION	0	20,636	0	0	0	20,636
HOLDSWORTH INC	39,147	0	0	0	0	39,147
HOLLYWOOD COM LLC	11,924	0	0	0	0	11,924
HOMETOWN CONCRETE	17,325	0	0	0	0	17,325
HONEYWELL	13,380	0	0	0	0	13,380
HORN AND ASSOCIATES	10,288	0	0	828	828	10,288
ICONIC PLUMBING SERVICES	0	0	0	14,231	14,231	0
ILEX SUMMIT LLC	22,057	0	0	0	0	22,057
INNOVATIVE MANUFACTURING	0	0	0	31,035	31,035	0
JLO METAL PRODUCTS INC	9,106	0	0	3,816	3,816	9,106
KAIZEN ANALYTIX LLC	10,902	0	0	0	0	10,902
KASPER ELECTRICAL INC	12,167	0	0	0	0	12,167
KENTUCKY PAIN MANAGEMENT	0	0	0	12,674	12,674	0
LAUREL COUNTY FISCAL COURT	2,822	12,949	0	0	0	15,771
LEXAIR INC	47,425	0	0	0	0	47,425
LEXINGTON INFECTIOUS DIS	10,737	0	0	0	0	10,737
LITER'S INC	30,460	0	0	0	0	30,460
LIVENGOOD FEEDS TEXAS	14,810	0	0	0	0	14,810
OVERDRIVE LOGISTICS	16,995	0	0	0	0	16,995
PARAMOUNT OF OAK PARK NUR	0	0	0	21,007	21,007	0
PRO-TEC WELDING LLC	11,540	0	0	0	0	11,540
QUANTRELL CADILLAC INC.	45,967	0	0	0	0	45,967
SOURCE 1 SOLUTIONS INC	13,832	0	0	0	0	13,832
SPARKS WILLSON P.C.	28,933	0	0	0	0	28,933
STROTHMAN + COMPANY PSC	19,669	0	0	0	0	19,669
SURVEILLANCE SECURITY INC	16,174	0	0	0	0	16,174
THE LAUB COMPANY INC	13,362	0	0	0	0	13,362
VENSURE HR - ACTIVE	10,529	0	0	0	0	10,529

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	6,640	6,643	2,066	263,524	263,524	15,349
Group Subscribers:						
WAMAR TECHNOLOGIES LLC	1,674	13,393	0	0	0	15,067
0299997. Group subscriber subtotal	1,252,382	51,821	0	93,816	93,816	1,304,203
0299998. Premiums due and unpaid not individually listed	10,664,334	580,073	175,859	192,235	192,235	11,420,266
0299999. Total group	11,916,715	631,894	175,859	286,050	286,050	12,724,469
0399999. Premiums due and unpaid from Medicare entities	8,994,506	0	0	0	0	8,994,506
0499999. Premiums due and unpaid from Medicaid entities	18,344,152	0	0	0	0	18,344,152
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	39,262,013	638,538	177,924	549,574	549,574	40,078,475

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	12,983,146	0	0	828,630	828,630	12,983,146
0199999. Total Pharmaceutical Rebate Receivables	12,983,146	0	0	828,630	828,630	12,983,146
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	5,310	0	0	0	0	5,310
0299999. Total Claim Overpayment Receivables	5,310	0	0	0	0	5,310
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	300,000	300,000	0
0399999. Total Loans and Advances to Providers	0	0	0	300,000	300,000	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	11,080,660	11,080,660	0
0599999. Total Risk Sharing Receivables	0	0	0	11,080,660	11,080,660	0
0699998. Aggregate Other Receivables Not Individually Listed	17,259	0	0	0	0	17,259
0699999. Total Other Receivables	17,259	0	0	0	0	17,259
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0799999 Gross health care receivables	13,005,716	0	0	12,209,290	12,209,290	13,005,716

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	52,394,964	107,616,163	0	13,811,776	52,394,964	52,394,964
2. Claim overpayment receivables	848,963	0	0	5,310	848,963	848,963
3. Loans and advances to providers	42,599	0	0	300,000	42,599	42,599
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	21,219,528	0	0	11,080,660	21,219,528	21,219,528
6. Other health care receivables.....	0	0	0	17,259	0	0
7. Totals (Lines 1 through 6)	74,506,054	107,616,163	0	25,215,005	74,506,054	74,506,054

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	75,160,896	3.7	337,962	100.0	.0	75,160,896
2. Intermediaries .....	.0	0.0	.0	0.0	.0	.0
3. All other providers .....	.0	0.0	.0	0.0	.0	.0
4. Total capitation payments	75,160,896	3.7	337,962	100.0	.0	75,160,896
Other Payments:						
5. Fee-for-service	228,481,315	11.3	XXX	XXX	.0	228,481,315
6. Contractual fee payments	1,720,650,394	85.0	XXX	XXX	.0	1,720,650,394
7. Bonus/withhold arrangements - fee-for-service .....	.0	0.0	XXX	XXX	.0	.0
8. Bonus/withhold arrangements - contractual fee payments .....	.0	0.0	XXX	XXX	.0	.0
9. Non-contingent salaries .....	.0	0.0	XXX	XXX	.0	.0
10. Aggregate cost arrangements .....	.0	0.0	XXX	XXX	.0	.0
11. All other payments .....	.0	0.0	XXX	XXX	.0	.0
12. Total other payments	1,949,131,709	96.3	XXX	XXX	0	1,949,131,709
13. TOTAL (Line 4 plus Line 12)	2,024,292,605	100%	XXX	XXX	0	2,024,292,605

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	6,410,967	0	5,285,031	1,125,936	1,125,936	0
2.	Medical furniture, equipment and fixtures	13,372	0	9,284	4,088	4,088	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	1,124,200	0	1,092,184	32,016	32,016	0
6.	Total	7,548,540	0	6,386,499	1,162,041	1,162,041	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Alabama		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	1	0	0	0	0	0	0	0	1	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	51	0	0	0	0	0	24	0	27	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	2,956	0	0	0	0	0	0	0	2,956	0	0	
8. Non-Physician	1,271	0	0	0	0	0	0	0	1,271	0	0	
9. Total	4,227	0	0	0	0	0	0	0	4,227	0	0	
10. Hospital Patient Days Incurred	728	0	0	0	0	0	0	0	728	0	0	
11. Number of Inpatient Admissions	8	0	0	0	0	0	0	0	8	0	0	
12. Health Premiums Written (b)	1,515,910	0	0	0	0	0	0	0	1,515,910	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,515,910	0	0	0	0	0	0	0	1,515,910	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,105,385	0	0	0	0	0	0	0	2,105,385	0	0	
18. Amount Incurred for Provision of Health Care Services	868,435	0	0	0	0	0	0	0	868,435	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,515,910



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arizona		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	88,951	0	21,070	0	0	0	1,343	66,538	0	0	
2.	First Quarter	21,517	0	20,303	0	0	0	1,211	3	0	0	
3.	Second Quarter	20,657	0	19,442	0	0	0	1,213	2	0	0	
4.	Third Quarter	19,439	0	18,253	0	0	0	1,184	2	0	0	
5.	Current Year	19,717	0	18,527	0	0	0	1,190	0	0	0	
6.	Current Year Member Months	244,485	0	230,132	0	0	0	14,327	26	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	207,142	75	98,594	0	0	0	13,848	94,625	0	0	
8.	Non-Physician	59,462	58	15,560	0	0	0	5,387	38,457	0	0	
9.	Total	266,604	133	114,154	0	0	0	19,235	133,082	0	0	
10.	Hospital Patient Days Incurred	41,702	4	4,084	0	0	0	506	37,108	0	0	
11.	Number of Inpatient Admissions	2,600	1	727	0	0	0	54	1,818	0	0	
12.	Health Premiums Written (b)	78,863,895	0	69,336,374	0	0	0	8,837,870	689,651	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	78,863,895	0	69,336,374	0	0	0	8,837,870	689,651	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	107,881,204	52,301	58,232,408	0	0	0	8,944,190	40,652,305	0	0	
18.	Amount Incurred for Provision of Health Care Services	60,300,274	49,065	58,516,842	0	0	0	8,280,661	(6,546,293)	0	0	

(a) For health business: number of persons insured under PPO managed care products18,013 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$689,651



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arkansas		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	3	0	0	0	0	0	0	3	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	(12)	0	0	0	0	12	0	(24)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	7,199	0	0	0	0	0	0	7,199	0	0	
8.	Non-Physician	3,121	0	0	0	0	0	0	3,121	0	0	
9.	Total	10,320	0	0	0	0	0	0	10,320	0	0	
10.	Hospital Patient Days Incurred	1,014	0	0	0	0	0	0	1,014	0	0	
11.	Number of Inpatient Admissions	29	0	0	0	0	0	0	29	0	0	
12.	Health Premiums Written (b)	2,203,619	0	0	0	0	0	0	2,203,619	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	2,203,619	0	0	0	0	0	0	2,203,619	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	2,985,232	0	0	0	0	0	0	2,985,232	0	0	
18.	Amount Incurred for Provision of Health Care Services	4,187,414	0	0	0	0	0	0	4,187,414	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,203,619



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Colorado		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95885	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	42,003	0	12,883	0	0	0	1,003	28,117	0	0	
2.	First Quarter	13,637	0	12,565	0	0	0	1,071	1	0	0	
3.	Second Quarter	13,072	0	11,975	0	0	0	1,096	1	0	0	
4.	Third Quarter	12,712	0	11,589	0	0	0	1,122	1	0	0	
5.	Current Year	11,402	0	10,291	0	0	0	1,111	0	0	0	
6.	Current Year Member Months	155,925	16	142,922	0	0	0	12,938	49	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	101,182	87	64,084	0	0	0	6,656	30,355	0	0	
8.	Non-Physician	48,027	51	16,544	0	0	0	2,381	29,051	0	0	
9.	Total	149,209	138	80,628	0	0	0	9,037	59,406	0	0	
10.	Hospital Patient Days Incurred	17,179	5	2,205	0	0	0	431	14,538	0	0	
11.	Number of Inpatient Admissions	1,048	1	368	0	0	0	52	627	0	0	
12.	Health Premiums Written (b)	57,800,410	9,614	53,055,654	0	0	0	5,227,087	(491,945)	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	58,622,212	9,614	53,877,456	0	0	0	5,227,087	(491,945)	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	60,952,618	(11,312)	41,777,094	0	0	0	4,551,515	14,635,321	0	0	
18.	Amount Incurred for Provision of Health Care Services	43,404,612	(18,491)	40,908,134	0	0	0	4,494,878	(1,979,909)	0	0	

(a) For health business: number of persons insured under PPO managed care products8,063 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(491,945)



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Idaho		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95885	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	0	0	0	0	0	0	0	0	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	204	0	0	0	0	0	0	204	0	0	
8.	Non-Physician	341	0	0	0	0	0	0	341	0	0	
9.	Total	545	0	0	0	0	0	0	545	0	0	
10.	Hospital Patient Days Incurred	117	0	0	0	0	0	0	117	0	0	
11.	Number of Inpatient Admissions	2	0	0	0	0	0	0	2	0	0	
12.	Health Premiums Written (b)	39,712	0	0	0	0	0	0	39,712	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	39,712	0	0	0	0	0	0	39,712	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	(89,195)	0	0	0	0	0	0	(89,195)	0	0	
18.	Amount Incurred for Provision of Health Care Services	(559,788)	0	0	0	0	0	0	(559,788)	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$39,712

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Illinois		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	35,427	0	11,076	0	0	0	5,328	9,186	9,837	0	
2.	First Quarter	32,234	0	10,094	0	0	0	4,904	7,584	9,652	0	
3.	Second Quarter	36,851	0	14,230	0	0	0	4,859	7,841	9,921	0	
4.	Third Quarter	37,223	0	13,927	0	0	0	4,775	8,173	10,348	0	
5.	Current Year	37,412	0	14,373	0	0	0	4,704	8,093	10,242	0	
6.	Current Year Member Months	417,320	0	148,330	0	0	0	57,246	94,077	117,667	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	518,047	205	73,175	0	0	0	67,275	199,010	178,382	0	
8.	Non-Physician	352,001	48	26,257	0	0	0	25,756	117,774	182,166	0	
9.	Total	870,048	253	99,432	0	0	0	93,031	316,784	360,548	0	
10.	Hospital Patient Days Incurred	186,148	2	2,957	0	0	0	4,074	13,152	165,963	0	
11.	Number of Inpatient Admissions	3,758	0	527	0	0	0	404	1,142	1,685	0	
12.	Health Premiums Written (b)	307,989,649	2,129	59,288,615	0	0	0	43,640,112	141,518,285	63,540,508	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	314,031,044	2,129	59,288,615	0	0	0	43,640,112	141,518,285	69,581,903	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	271,667,266	155,460	49,341,811	0	0	0	38,803,867	118,601,364	64,764,764	0	
18.	Amount Incurred for Provision of Health Care Services	270,618,943	91,393	52,431,126	0	0	0	38,994,825	110,998,753	68,102,846	0	

(a) For health business: number of persons insured under PPO managed care products8,910 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$141,518,285



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Indiana		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	12,176	0	12,176	0	0	0	0	0	0	0	
2.	First Quarter	11,250	0	11,250	0	0	0	0	0	0	0	
3.	Second Quarter	11,464	0	11,464	0	0	0	0	0	0	0	
4.	Third Quarter	11,098	0	11,098	0	0	0	0	0	0	0	
5.	Current Year	10,816	0	10,816	0	0	0	0	0	0	0	
6.	Current Year Member Months	134,223	0	134,148	0	0	0	0	75	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	95,956	0	90,692	0	0	0	0	5,264	0	0	
8.	Non-Physician	38,256	0	35,827	0	0	0	0	2,429	0	0	
9.	Total	134,212	0	126,519	0	0	0	0	7,693	0	0	
10.	Hospital Patient Days Incurred	5,434	0	3,251	0	0	0	0	2,183	0	0	
11.	Number of Inpatient Admissions	566	0	561	0	0	0	0	5	0	0	
12.	Health Premiums Written (b)	57,705,522	0	54,263,299	0	0	0	0	3,442,223	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	57,705,522	0	54,263,299	0	0	0	0	3,442,223	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	50,819,906	10	48,636,083	0	0	0	0	2,183,813	0	0	
18.	Amount Incurred for Provision of Health Care Services	46,288,349	10	48,265,029	0	0	0	0	(1,976,690)	0	0	

(a) For health business: number of persons insured under PPO managed care products10,816 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,442,223

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kansas		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95885	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	19,981	0	347	0	0	0	2,757	16,877	0	0	
2.	First Quarter	3,060	0	358	0	0	0	2,701	1	0	0	
3.	Second Quarter	3,033	0	359	0	0	0	2,674	0	0	0	
4.	Third Quarter	2,924	0	293	0	0	0	2,631	0	0	0	
5.	Current Year	2,883	0	292	0	0	0	2,591	0	0	0	
6.	Current Year Member Months	35,711	0	3,956	0	0	0	31,780	(25)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	54,024	0	1,778	0	0	0	28,394	23,852	0	0	
8.	Non-Physician	32,682	0	370	0	0	0	12,837	19,475	0	0	
9.	Total	86,706	0	2,148	0	0	0	41,231	43,327	0	0	
10.	Hospital Patient Days Incurred	11,337	0	67	0	0	0	1,072	10,198	0	0	
11.	Number of Inpatient Admissions	657	0	17	0	0	0	136	504	0	0	
12.	Health Premiums Written (b)	21,011,420	0	1,296,366	0	0	0	19,228,154	486,901	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	21,011,420	0	1,296,366	0	0	0	19,228,154	486,901	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	30,433,991	0	944,346	0	0	0	17,247,286	12,242,360	0	0	
18.	Amount Incurred for Provision of Health Care Services	17,062,335	0	963,745	0	0	0	16,725,503	(626,914)	0	0	

(a) For health business: number of persons insured under PPO managed care products1,639 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$486,901



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kentucky		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	260,777	2	111,156	677	0	0	1,353	0	147,589	0	
2.	First Quarter	255,688	2	106,433	1,019	0	0	1,139	0	147,095	0	
3.	Second Quarter	256,760	2	107,047	1,194	0	0	1,136	0	147,381	0	
4.	Third Quarter	256,315	2	106,432	1,400	0	0	1,127	0	147,354	0	
5.	Current Year	252,963	9	105,468	1,534	0	0	1,132	0	144,820	0	
6.	Current Year Member Months	3,099,831	40	1,282,376	14,635	0	0	13,414	22	1,789,344	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	2,643,965	137	916,007	21,169	0	0	12,908	3,334	1,690,410	0	
8.	Non-Physician	1,072,540	209	360,152	8,324	0	0	5,119	1,096	697,640	0	
9.	Total	3,716,505	346	1,276,159	29,493	0	0	18,027	4,430	2,388,050	0	
10.	Hospital Patient Days Incurred	102,347	95	29,347	831	0	0	675	1,648	69,751	0	
11.	Number of Inpatient Admissions	21,136	1	5,090	181	0	0	89	3	15,772	0	
12.	Health Premiums Written (b)	1,550,583,005	27,037	561,636,346	2,071,140	0	0	7,592,783	446,962	978,808,737	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,550,583,005	27,037	561,636,346	2,071,140	0	0	7,592,783	446,962	978,808,737	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,375,034,765	(97,101)	471,661,045	1,821,036	0	0	8,062,228	1,346,394	892,241,162	0	
18.	Amount Incurred for Provision of Health Care Services	1,359,650,156	(108,715)	480,654,643	2,077,062	0	0	7,579,437	(392,716)	869,840,444	0	

(a) For health business: number of persons insured under PPO managed care products105,071 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$446,962



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Missouri		2019							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	46,084	0	21	0	0	0	0	46,063	0	0	
2.	First Quarter	22	0	21	0	0	0	0	1	0	0	
3.	Second Quarter	21	0	20	0	0	0	0	1	0	0	
4.	Third Quarter	20	0	19	0	0	0	0	1	0	0	
5.	Current Year	20	0	19	0	0	0	0	1	0	0	
6.	Current Year Member Months	206	0	239	0	0	0	0	(33)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	61,962	0	193	0	0	0	0	61,769	0	0	
8.	Non-Physician	50,214	0	71	0	0	0	0	50,143	0	0	
9.	Total	112,176	0	264	0	0	0	0	111,912	0	0	
10.	Hospital Patient Days Incurred	27,819	0	2	0	0	0	0	27,817	0	0	
11.	Number of Inpatient Admissions	1,357	0	1	0	0	0	0	1,356	0	0	
12.	Health Premiums Written (b)	1,045,543	0	274,723	0	0	0	0	770,820	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,045,543	0	274,723	0	0	0	0	770,820	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	30,613,180	(962)	113,501	0	0	0	0	30,500,641	0	0	
18.	Amount Incurred for Provision of Health Care Services	(2,442,380)	(2,397)	101,626	0	0	0	(1)	(2,541,609)	0	0	

(a) For health business: number of persons insured under PPO managed care products1 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$770,820



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nebraska		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	95885	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	0	0	0	0	0	0	0	0	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	284	0	0	0	0	0	0	284	0	0	
8.	Non-Physician	401	0	0	0	0	0	0	401	0	0	
9.	Total	685	0	0	0	0	0	0	685	0	0	
10.	Hospital Patient Days Incurred	18	0	0	0	0	0	0	18	0	0	
11.	Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	63,089	0	0	0	0	0	0	63,089	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	63,089	0	0	0	0	0	0	63,089	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	(36,293)	0	0	0	0	0	0	(36,293)	0	0	
18.	Amount Incurred for Provision of Health Care Services	(110,293)	0	0	0	0	0	0	(110,293)	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$63,089



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nevada		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	655	0	655	0	0	0	0	0	0	0	
2.	First Quarter	581	0	581	0	0	0	0	0	0	0	
3.	Second Quarter	549	0	549	0	0	0	0	0	0	0	
4.	Third Quarter	553	0	553	0	0	0	0	0	0	0	
5.	Current Year	595	0	595	0	0	0	0	0	0	0	
6.	Current Year Member Months	6,723	0	6,766	0	0	0	0	(43)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	2,528	0	1,595	0	0	0	0	933	0	0	
8.	Non-Physician	862	0	372	0	0	0	0	490	0	0	
9.	Total	3,390	0	1,967	0	0	0	0	1,423	0	0	
10.	Hospital Patient Days Incurred	373	0	62	0	0	0	0	311	0	0	
11.	Number of Inpatient Admissions	21	0	20	0	0	0	0	1	0	0	
12.	Health Premiums Written (b)	4,550,332	0	1,251,486	0	0	0	0	3,298,846	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	4,456,881	0	1,158,034	0	0	0	0	3,298,846	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	731,104	0	1,282,894	0	0	0	0	(551,790)	0	0	
18.	Amount Incurred for Provision of Health Care Services	662,969	0	1,402,243	0	0	0	0	(739,274)	0	0	

(a) For health business: number of persons insured under PPO managed care products575 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,298,846



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		New Mexico		2019							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:			Individual	Group								
1. Prior Year		10,664	0	0	0	0	0	0	10,664	0	0	
2. First Quarter		0	0	0	0	0	0	0	0	0	0	
3. Second Quarter		0	0	0	0	0	0	0	0	0	0	
4. Third Quarter		0	0	0	0	0	0	0	0	0	0	
5. Current Year		0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician		10,920	0	0	0	0	0	0	10,920	0	0	
8. Non-Physician		9,953	0	0	0	0	0	0	9,953	0	0	
9. Total		20,873	0	0	0	0	0	0	20,873	0	0	
10. Hospital Patient Days Incurred		4,858	0	0	0	0	0	0	4,858	0	0	
11. Number of Inpatient Admissions		258	0	0	0	0	0	0	258	0	0	
12. Health Premiums Written (b)		229,378	0	0	0	0	0	0	229,378	0	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		229,378	0	0	0	0	0	0	229,378	0	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		8,007,606	0	0	0	0	0	0	8,007,606	0	0	
18. Amount Incurred for Provision of Health Care Services		(876,097)	0	0	0	0	0	0	(876,097)	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$229,378



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		South Carolina		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	0	0	0	0	0	0	0	0	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	53	0	0	0	0	0	0	53	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	8,387	0	0	0	0	0	0	8,387	0	0	
8.	Non-Physician	2,266	0	0	0	0	0	0	2,266	0	0	
9.	Total	10,653	0	0	0	0	0	0	10,653	0	0	
10.	Hospital Patient Days Incurred	1,174	0	0	0	0	0	0	1,174	0	0	
11.	Number of Inpatient Admissions	7	0	0	0	0	0	0	7	0	0	
12.	Health Premiums Written (b)	1,767,797	0	0	0	0	0	0	1,767,797	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,767,797	0	0	0	0	0	0	1,767,797	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	(508,374)	0	0	0	0	0	0	(508,374)	0	0	
18.	Amount Incurred for Provision of Health Care Services	2,622,079	0	0	0	0	0	0	2,622,079	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,767,797



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Tennessee		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	2,295	0	2,099	0	0	0	196	0	0	0	
2.	First Quarter	2,179	0	2,044	0	0	0	135	0	0	0	
3.	Second Quarter	2,130	0	1,996	0	0	0	134	0	0	0	
4.	Third Quarter	2,109	0	1,983	0	0	0	126	0	0	0	
5.	Current Year	2,154	0	2,034	0	0	0	120	0	0	0	
6.	Current Year Member Months	25,608	0	24,060	0	0	0	1,548	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	17,370	0	14,629	0	0	0	2,741	0	0	0	
8.	Non-Physician	3,743	0	2,896	0	0	0	847	0	0	0	
9.	Total	21,113	0	17,525	0	0	0	3,588	0	0	0	
10.	Hospital Patient Days Incurred	428	0	376	0	0	0	52	0	0	0	
11.	Number of Inpatient Admissions	78	0	74	0	0	0	4	0	0	0	
12.	Health Premiums Written (b)	10,043,515	0	9,041,135	0	0	0	1,002,378	1	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	9,092,249	0	8,089,870	0	0	0	1,002,378	1	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	6,445,947	0	5,507,920	0	0	0	946,918	(8,891)	0	0	
18.	Amount Incurred for Provision of Health Care Services	6,557,207	0	5,639,017	0	0	0	918,190	(1)	0	0	

(a) For health business: number of persons insured under PPO managed care products2,054 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Texas		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	102,953	0	0	0	0	0	0	0	102,953	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	65	0	0	0	0	0	0	0	65	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	177,199	0	0	0	0	0	0	0	177,199	0	0	
8. Non-Physician	122,469	0	0	0	0	0	0	0	122,469	0	0	
9. Total	299,668	0	0	0	0	0	0	0	299,668	0	0	
10. Hospital Patient Days Incurred	59,614	0	0	0	0	0	0	0	59,614	0	0	
11. Number of Inpatient Admissions	2,864	0	0	0	0	0	0	0	2,864	0	0	
12. Health Premiums Written (b)	(3,222,977)	0	0	0	0	0	0	0	(3,222,977)	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	(3,222,977)	0	0	0	0	0	0	0	(3,222,977)	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	69,247,979	0	0	0	0	0	0	0	69,247,979	0	0	
18. Amount Incurred for Provision of Health Care Services	(10,359,207)	0	0	0	0	0	0	0	(10,359,207)	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (3,222,977)



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Virginia		DURING THE YEAR		2019		(LOCATION)		NAIC Company Code		95885					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		0		0		0		0		0		0		0		0		0		0	
2. First Quarter		1		0		0		0		0		0		0		1		0		0	
3. Second Quarter		0		0		0		0		0		0		0		0		0		0	
4. Third Quarter		0		0		0		0		0		0		0		0		0		0	
5. Current Year		0		0		0		0		0		0		0		0		0		0	
6. Current Year Member Months		17		0		0		0		0		0		0		17		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician		7,223		0		0		0		0		0		0		7,163		60		0	
8. Non-Physician		8,042		0		0		0		0		0		0		7,696		346		0	
9. Total		15,265		0		0		0		0		0		0		14,859		406		0	
10. Hospital Patient Days Incurred		2,182		0		0		0		0		0		0		1,222		960		0	
11. Number of Inpatient Admissions		9		0		0		0		0		0		0		9		0		0	
12. Health Premiums Written (b)		4,014,210		0		0		0		0		0		0		3,594,049		420,162		0	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned.....		4,014,210		0		0		0		0		0		0		3,594,049		420,162		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services.....		5,881,948		0		0		0		0		0		0		5,896,440		(14,492)		0	
18. Amount Incurred for Provision of Health Care Services		(342,856)		0		0		0		0		0		0		(304,572)		(38,284)		0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,594,049



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Washington		2019							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	1	0	0	0	0	0	0	1	0	0	
2.	First Quarter	1	0	0	0	0	0	0	1	0	0	
3.	Second Quarter	1	0	0	0	0	0	0	1	0	0	
4.	Third Quarter	1	0	0	0	0	0	0	1	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	(54)	0	0	0	0	0	0	(54)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	3,038	0	0	0	0	0	0	3,038	0	0	
8.	Non-Physician	1,684	0	0	0	0	0	0	1,684	0	0	
9.	Total	4,722	0	0	0	0	0	0	4,722	0	0	
10.	Hospital Patient Days Incurred	814	0	0	0	0	0	0	814	0	0	
11.	Number of Inpatient Admissions	4	0	0	0	0	0	0	4	0	0	
12.	Health Premiums Written (b)	779,567	0	0	0	0	0	0	779,567	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	779,567	0	0	0	0	0	0	779,567	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	2,118,334	0	0	0	0	0	0	2,118,334	0	0	
18.	Amount Incurred for Provision of Health Care Services	304,199	0	0	0	0	0	0	304,199	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$779,567



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		(LOCATION)		2019		NAIC Company Code		95885	
0119		1		Comprehensive (Hospital & Medical)		4		5		6		7		8	
		2		3											
		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare	
		Total												Title XIX Medicaid	
Total Members at end of:															
1. Prior Year		621,971		2		171,483		677		0		0		11,980	
2. First Quarter		340,170		2		163,649		1,019		0		0		11,161	
3. Second Quarter		344,538		2		167,082		1,194		0		0		11,112	
4. Third Quarter		342,394		2		164,147		1,400		0		0		10,965	
5. Current Year		337,962		9		162,415		1,534		0		0		10,848	
6. Current Year Member Months		4,120,152		56		1,972,929		14,635		0		36		131,253	
Total Member Ambulatory Encounters for Year:															
7. Physician		3,919,586		504		1,260,747		21,169		0		0		131,822	
8. Non-Physician		1,807,335		366		458,049		8,324		0		0		52,327	
9. Total		5,726,921		870		1,718,796		29,493		0		0		184,149	
10. Hospital Patient Days Incurred		463,286		106		42,351		831		0		0		6,810	
11. Number of Inpatient Admissions		34,402		3		7,385		181		0		0		739	
12. Health Premiums Written (b)		2,096,983,597		38,780		809,443,998		2,071,140		0		0		85,528,384	
13. Life Premiums Direct		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0	
15. Health Premiums Earned		2,102,802,076		38,780		809,221,083		2,071,140		0		0		85,528,384	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		2,024,292,605		98,397		677,497,102		1,821,036		0		0		78,556,003	
18. Amount Incurred for Provision of Health Care Services		1,797,836,353		10,866		688,882,406		2,077,062		0		0		76,993,494	

(a) For health business: number of persons insured under PPO managed care products155,142 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$157,131,888

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
93440	06-1041332	01/01/2019	HIM LIFE INSURANCE COMPANY	PA	SSL/A/I	CMM	1,292	0	0	0	0	0	0
93440	06-1041332	01/01/2019	HIM LIFE INSURANCE COMPANY	PA	SSL/A/I	MR	144	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							1,436	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,436	0	0	0	0	0	0
1199999. Total General Account Authorized							1,436	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC	978,808,737	0	0	0	0	0	120,261,141
1999999. General Account - Unauthorized U.S. Non-Affiliates							978,808,737	0	0	0	0	0	120,261,141
2199999. Total General Account - Unauthorized Non-Affiliates							978,808,737	0	0	0	0	0	120,261,141
2299999. Total General Account Unauthorized							978,808,737	0	0	0	0	0	120,261,141
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							978,810,173	0	0	0	0	0	120,261,141
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							978,810,173	0	0	0	0	0	120,261,141
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							978,810,173	0	0	0	0	0	120,261,141

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...00000 ... 00-0000000 ... 11/20/2012 ... CARESOURCE REINSURANCE LLC				0	68,171,120	0	68,171,120	0		0	120,261,141	0	21,153,280	68,171,120
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120
2199999. Total General Account - Accident and Health Non-Affiliates				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120
2299999. Total General Account Accident and Health				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120
2399999. Total General Account				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	68,171,120	0	68,171,120	0	XXX	0	120,261,141	0	21,153,280	68,171,120

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	1	2	3	1,567	2,429
2. Title XVIII - Medicare	0	24	36	23	(7)
3. Title XIX - Medicaid	978,809	934,188	933,383	789,117	760,709
4. Commissions and reinsurance expense allowance	75,326	103,699	63,545	67,608	66,255
5. Total hospital and medical expenses	869,938	941,283	811,633	733,418	634,817
B. BALANCE SHEET ITEMS					
6. Premiums receivable	21,153	7,207	7,526	5,720	4,658
7. Claims payable	68,171	90,572	70,019	76,381	87,085
8. Reinsurance recoverable on paid losses	0	0	1,836	10,660	19,105
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	120,261	76,957	114,461	68,929	121,922
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	120,261	76,957	114,461	68,929	121,922
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	490,954,076	0	490,954,076
2. Accident and health premiums due and unpaid (Line 15)	91,818,578	21,153,280	112,971,858
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(73,243,301)	(73,243,301)
5. All other admitted assets (Balance)	58,250,438	0	58,250,438
6. Total assets (Line 28)	641,023,093	(52,090,021)	588,933,072
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	134,982,452	68,171,120	203,153,572
8. Accrued medical incentive pool and bonus payments (Line 2)	1,165,951	0	1,165,951
9. Premiums received in advance (Line 8)	11,654,623	0	11,654,623
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	120,261,141	(120,261,141)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	122,153,062	0	122,153,062
15. Total liabilities (Line 24)	390,217,229	(52,090,021)	338,127,208
16. Total capital and surplus (Line 33)	250,805,864	XXX	250,805,864
17. Total liabilities, capital and surplus (Line 34)	641,023,093	(52,090,021)	588,933,072
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	68,171,120		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	68,171,120		
24. Premiums receivable	21,153,280		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	120,261,141		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	141,414,421		
31. Total net credit for ceded reinsurance	(73,243,301)		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc. LLC	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	35-2608414				CDO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.15886	75-2043865				Humana Benefit Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HJM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	RQHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	RQHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.000	See Footnote 1		2
.0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	50.000	Humana Inc.		3
.0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-5569675				MCCI Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-5904436				MCCI Group Holdings, LLC	DE	NIA	MCCI Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	45-4493313				MCCI/Lifetime of Aventura, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	81-2957926				MCCI Specialty, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
							Medical Care Consortium Incorporated of Texas								
.0119	Humana Inc.	00000	27-4379634					TX	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
							Primary Care Specialist of the Palm Beaches, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	38-3920730				RMA Island Doctors Orlando MSO, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	90-1022183				RMA Medical Center of South Orlando, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	61-1722871				RMA Medical Center of Orlando, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	90-1022373				RMA Medical Center of Sunrise, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	90-1021973				RMA Medical Centers of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	30-0806075				RMA Medical Group of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	.NY	.NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	.TX	.NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	.FL	.NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	.TX	.NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.54739	52-1157181				The Dental Concern, Inc.	.KY	.IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	.TX	.NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
							Humana Digital Health and Analytics Platform Services, Inc.	.DE	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-5329373				Transcend Population Health Management, LLC	.DE	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
							Humana Management Services of Puerto Rico, Inc.	.PR	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	66-0872725				North Region Providers, LLC	.DE	.NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	83-3321367				Primary Care Holdings II, LLC	.DE	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
							Transcend Population Health Management II, LLC	.DE	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	37-1910409				Edge Health MSO, Inc.	.DE	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	84-2214810				Partners in Integrated Care, Inc.	.FL	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	47-2905609				Humana Benefit Plan of South Carolina, Inc.	.SC	.NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
0000002	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	9,668,642	0		0	9,668,642	0
00000	20-5309363	515-526 W MainSt Condo Council of Co- Owners	0	0	0	0	190	0		0	190	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	16,281,170	0		0	16,281,170	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	70,222,850	0	0	(1,712,001,015)	0		0	(1,641,778,165)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	299,655	0		0	299,655	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	293,368,813	0		0	293,368,813	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	189	0		0	189	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(1,282,643)	0		0	(1,282,643)	0
95092	59-2598550	CarePlus Health Plans, Inc.	85,000,000	498,488	0	0	(874,703,304)	0		0	(789,204,816)	0
95754	62-1579044	Cariten Health Plan Inc.	164,840,000	438,657	0	0	(573,803,476)	0		0	(408,524,819)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	17,492,642	0		0	17,492,642	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	5,310,329	0		0	5,310,329	0
95158	61-1279717	CHA HMO, Inc.	0	300,034,665	0	0	(1,316,413,827)	0		0	(1,016,379,162)	0
52015	59-2531815	CompBenefits Company	5,000,000	0	0	0	(12,052,106)	0		0	(7,052,106)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	481,460	0		0	481,460	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,179,480)	0		0	(2,179,480)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,653)	0		0	(14,653)	0
60984	74-2552026	CompBenefits Insurance Company	0	20,000,000	0	0	(66,184,877)	0		0	(46,184,877)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	90,315,480	0		0	90,315,480	0
00000	59-2716023	Continucare Corporation	0	0	0	0	35,122,633	0		0	35,122,633	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	49,319,615	0		0	49,319,615	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	164,658,675	0		0	164,658,675	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	1,252,944	0		0	1,252,944	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	37,801	0		0	37,801	0
95161	76-0039628	DentiCare, Inc.	2,100,000	0	0	0	(7,066,805)	0		0	(4,966,805)	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	157,406	0		0	157,406	0
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	4,191	0		0	4,191	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	415	0		0	415	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	53,996,200	0		0	53,996,200	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	1,049	0		0	1,049	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	225	0		0	225	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	1,486	0		0	1,486	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	139	0		0	139	0
00000	27-4535747	Go365, LLC	0	0	0	0	80,988,991	0		0	80,988,991	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(24,611,307)	0		0	(24,611,307)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	55,711	0		0	55,711	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	(66,865)	0		0	(66,865)	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	490	0		0	490	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(1,684,823)	0		0	(1,684,823)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(1,666,309)	0		0	(1,666,309)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	37,596,858	0		0	37,596,858	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	(1)	0		0	(1)	0

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	151,618,543	0		0	151,618,543	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	83,861,362	0		0	83,861,362	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	12,228,084	0	0	(884,291,756)	0		0	(872,063,672)	0
00000	75-2043865	Humana Benefit Plan of Texas, Inc.	6,000,000	0	0	0	73,726	0		0	6,073,726	0
00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	0	0	0	11,000	0		0	11,000	0
00000	59-1843760	Humana Dental Company	0	0	0	0	3,795,124	0		0	3,795,124	0
00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	0	0	0	0	(97,826)	0		0	(97,826)	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	100,000,000	360,393	0	0	(543,006,642)	0		0	(442,646,249)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(41,458,928)	0		0	(41,458,928)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	50,000,000	640,194	0	0	(836,648,119)	0		0	(786,007,925)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	60,032,679	0	0	(143,925,499)	0		0	(83,892,820)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	75,000,000	75,898	0	0	138,605,715	0		0	213,681,613	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	71,344	0	0	(12,402,087)	0		0	(12,330,743)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	17,500,000	121,854	0	0	(68,742,849)	0		0	(51,120,995)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	302,583	0	0	(158,417,363)	0		0	(158,114,780)	0
95885	61-1013183	Humana Health Plan, Inc.	430,000,000	(148,276,608)	0	0	(913,582,579)	0		0	(631,859,187)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	33,000,000	0	0	(119,783,936)	0		0	(86,783,936)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	2,431,946	0		0	2,431,946	0
00000	61-0647538	Humana Inc.	(1,800,000,000)	(412,794,780)	0	0	2,531,952,707	0		0	319,157,927	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(6,703,308)	0		0	(6,703,308)	0
73288	39-1263473	Humana Insurance Company	475,000,000	19,984,786	0	0	(16,181,962,654)	(17,223,253)		0	(15,704,201,121)	0
60219	61-1311685	Humana Insurance Company of Kentucky	50,000,000	20	0	0	(38,095,598)	17,223,253		0	29,127,675	0
12634	20-2888723	Humana Insurance Company of New York	0	674,294	0	0	(658,719,118)	0		0	(658,044,824)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(73,671,532)	0		0	(73,671,532)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	34,838,529	0		0	34,838,529	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	592,220,215	0		0	592,220,215	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	16,056	0	0	(55,162,000)	0		0	(55,145,944)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	10,000,000	18,812	0	0	(1,368,670)	0		0	8,650,142	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	7,500,000	16,731	0	0	(9,882,215)	0		0	(2,365,484)	0
95270	61-1103898	Humana Medical Plan, Inc.	260,000,000	2,118,359	0	0	(4,486,039,973)	0		0	(4,223,921,614)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	19,094,608,692	0		0	19,094,608,692	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	6,199,702,950	0		0	6,199,702,950	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	(1,065,107)	0		0	(1,065,107)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	5,007,095	0	0	(50,286,403)	0		0	(45,279,308)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	11,226	0		0	11,226	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	40,000,000	207,546	0	0	(1,123,245,744)	0		0	(1,083,038,198)	0
70580	39-0714280	HumanaDental Insurance Company	5,560,000	35,000,000	0	0	(85,721,224)	0		0	(45,161,224)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	322,106	0		0	322,106	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(5,789,626)	0		0	(5,789,626)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	128,780	0		0	128,780	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	14,000,000	0	0	0	(866,731)	0		0	13,133,269	0
00000	20-5904436	MCCI Group Holdings, LLC	0	0	0	0	659,280,489	0		0	659,280,489	0
00000	20-5569675	MCCI Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	81-2957926	MCCI Speciality, LLC	0	0	0	0	0	0		0	0	0
00000	45-4493313	MCCI/Lifetime of Aventura, LLC	0	0	0	0	0	0		0	0	0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	0	0	0	0	(3,764,240)	0		0	(3,764,240)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	199,844,263	0		0	199,844,263	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	139,339	0		0	139,339	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	0	0		0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	47-2905609	Partners in Integrated Care, Inc.	0	0	0	0	914,258	0		0	914,258	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	14,727	0		0	14,727	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	467	0		0	467	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	87,382,890	0		0	87,382,890	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	2,949,663	0		0	2,949,663	0
00000	56-2655900	Primary Care Specialist of the Palm Beaches, LLC	0	0	0	0	0	0		0	0	0
00000	38-3920730	RMA Island Doctors Orlando MSO, LLC	0	0	0	0	0	0		0	0	0
00000	61-1722871	RMA Medical Center of Orlando, LLC	0	0	0	0	0	0		0	0	0
00000	90-1022183	RMA Medical Center of South Orlando, LLC	0	0	0	0	4,578,781	0		0	4,578,781	0
00000	90-1022373	RMA Medical Center of Sunrise, LLC	0	0	0	0	45,126,927	0		0	45,126,927	0
00000	90-1021973	RMA Medical Centers of Florida, LLC	0	0	0	0	45,853,373	0		0	45,853,373	0
00000	30-0806075	RMA Medical Group of Florida, LLC	0	0	0	0	33,084,338	0		0	33,084,338	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(1,677,855)	0		0	(1,677,855)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	23,789,745	0		0	23,789,745	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(1,730,798)	0		0	(1,730,798)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	279,396	0		0	279,396	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(48,313)	0		0	(48,313)	0
54739	52-1157181	The Dental Concern, Inc.	2,500,000	0	0	0	(6,512,037)	0		0	(4,012,037)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	29,253,431	0		0	29,253,431	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	(4,661,620)	0		0	(4,661,620)	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	289,974,852	0		0	289,974,852	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:		
12.	This type of business is not written.	
13.	This type of business is not written.	
14.	This type of business is not written.	
15.	This type of business is not written.	
16.	This type of business is not written.	
17.	No relief will be requested.	
18.	No relief will be requested.	
19.	No relief will be requested.	
20.	This type of business is not written.	
21.	This type of business is not written.	

Bar Codes:	
12.	Life Supplement [Document Identifier 205]
13.	SIS Stockholder Information Supplement [Document Identifier 420]
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
16.	Medicare Part D Coverage Supplement [Document Identifier 365]
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
21.	Life Supplement [Document Identifier 211]



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Health Plan Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0119..... NAIC Company Code 95885.....
ADDRESS (City, State and Zip Code) Louisville , KY 40202.....
Person Completing This Exhibit Bryan Oberholtzer.....
Title Associate Director, Financial Reporting..... Telephone Number 502-580-1077.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
	KYMESNM10A	A	NO	0234060	12/14/2017					0	0	0.0	0	11,427	20,458	179.0	7
	KYMESNM10F	F	NO	0234060	12/14/2017					0	0	0.0	0	570,991	644,949	113.0	303
	KYMESNM10F (HD)	F	NO	0234060	12/14/2017					0	0	0.0	0	74,168	8,062	10.9	110
	KYMESNM10G	G	NO	0234060	12/14/2017					0	0	0.0	0	1,153,927	1,197,142	103.7	924
	KYMESNM10G (HD)	G	NO	0234060	08/22/2019					0	0	0.0	0	0	0	0.0	0
	KYMESNM10N	N	NO	0234060	12/14/2017					0	0	0.0	0	260,627	206,452	79.2	190
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,071,140	2,077,062	100.3	1,534

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 101 E. Main Street Louisville , KY 40202

2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 101 E. Main Street Louisville , KY 40202

3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".

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